

7.

Contract #	
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STATE OF UTAH CONTRACT

	Department Name: Environ and the following CONTRA		his contract is between ency Code: <u>480</u> Divis	i the following age	ency of the State of Utah:, referred to as (STATE)				
	Tri-County Health Department				LEGAL STATUS OF CONTRACTOR				
	133 South 500 East	Name		Sole Proprietor Non-Profit Corporation					
	1	Address Utah	84078		For-Profi□ Cor□oration Partnership				
	Vernal City	State	Zip		Government Agency				
	Contact Person Joseph S Vendor #31719H Commod	<u>Shaffer</u> Phone #435-247-1 ity Code #92535	1177 Email <u>ishaffer@</u>	tricountyhealth.co	<u>om</u>				
2.	GENERAL PURPOSE OF C Environmental Services as	CONTRACT: The general pur described in attached workpla		is to provide:					
3.	PROCUREMENT: This contract is entered into as a result of the procurement process on RX# NA, FY, Bid#N/A or a pre-approved sole source authorization (from the Division of Purchasing) # SSN/A.								
4.					ninated early or extended in yments under this contract will be				
5.	CONTRACT COSTS: CONTRACTOR will be paid a maximum of \$74,848 for costs authorized by this contract. Additional information regarding costs: Payments will be made in quarterly installments on August 1, November 1, February 1, and May 1 of the applicable fiscal year.								
6.	ATTACHMENT A: Division of Purchasing's Standard Terms and Conditions ATTACHMENT B: Service Delivery Plan ATTACHMENT C: Digital Signature Clause ATTACHMENT D: N/A Any conflicts between Attachment A and other Attachments will be resolved in favor of Attachment A.								
7.	a. All other government	ATED INTO THIS CONTRA al laws, regulations, or actions ont Code, Procurement Rules,	s applicable to the goo	ds and/or services	authorized by this contract.				
-	IN WITNESS WHEREOF, CONTRACTOR Contractor's signature	he parties sign and cause this	Agency's		5/22/2013 Date				
-	Type or Print Name and Title			Division of Purch NANCE Division of Finance	JUN 1 8 2013				

Renette Anderson	801-536-4478	801-536-4441	renetteander	son@utah.gov
Agency Contact Person	Telephone Number	Fax Number	Email	:
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